

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

NOV 16 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County

Township

City

(No.)

Registration District No.

Primary Registration District No.

File No.

Registered No.

St.

Ward

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

St.

Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Gertrude Queen

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Oct 17 - 1866

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

70

9

29

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Randolph Co Mo

13. NAME

Jewel Queen

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Randolph Co

15. MAIDEN NAME

Amanda Rodgers

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Randolph Co

17. INFORMANT (ADDRESS)

Gertrude Queen

18. BURIAL, CREMATION, OR REMOVAL

PLACE

8/19/37

19. UNDERTAKER (ADDRESS)

Willems & Friedman

20. FILED

Aug 17 1937

Willems & Friedman

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

Aug. 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from

not attended, 19 --, to --, 19 --

I last saw him alive on not seen alive, 19 --, Death is said

to have occurred on the date stated above, at about 6 P. m.

The principal cause of death and related causes of importance were as follows:

accidental Drowning

Date of onset

Aug 16 1937

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis? Clinical

Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? accident

Date of injury Aug 16, 1937

Where did injury occur? at his home near Prairie Home Mo

Specify whether injury occurred in industry, in home, or in public place.

On his own farm

Manner of injury fell in creek

Nature of injury

Accidental drowning

24. Was disease or injury in any way related to occupation of deceased? no

If so specify

(Signed) J. C. Fincher

(Address) Booneville Mo

Coroner of Cooper County Mo

Registrar

